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CaseStudy

When Systems Collaborate:

How Three Jurisdictions Improved Their Handling of Dual-Status Cases

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INTRODUCTION

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Children and families in court are potentially subject to two separate, yet equally impactful systems. The dependency system, designed to address issues of parental abuse and neglect, and the delinquency system, designed to address acts of crime and delinquency. Youth with histories of involvement with the child welfare and juvenile justice systems (i.e., "dual-status youth") comprise a particularly complex at-risk and vulnerable population. This paper is intended to highlight approaches taken by three very different jurisdictions that have improved their handling of cases that experience involvement in both the child welfare and juvenile justice systems.

Research has consistently shown that a substantial number of adolescents in juvenile court have had contact or involvement with both the juvenile justice and child welfare systems (Halemba, et al., 2011). The prevalence of dual-system involvement among youth referred to the juvenile court on a delinquency matter has been estimated as upwards of 50% depending on how broadly dual-system involvement is defined.

A number of terms are often used in reference to youth with a history of child welfare and juvenile justice system involvement (Herz, et al., 2010 and Tuell et al., 2013). The interchangeable nature of these terms can sometimes cause confusion. To address possible confusion, researchers and practitioners are attempting to provide more clarification regarding how best to understand the timing and intensity of both child welfare and juvenile justice system involvement. In this paper, the term dually-involved simply designates adolescents who are currently under the auspices of both the child welfare and delinquency systems.

Juveniles whose lives have been shaped by parental or guardian absence or neglect or who have experienced sexual abuse, physical abuse, emotional abuse or other forms of trauma, are more likely to engage in behavior that will bring them into early, frequent and prolonged contacts with the juvenile justice system. As a group, these children and families are often underserved and/or do not generally receive the services intended to address their histories of abuse, neglect and/or trauma. Frequently, they move from one system to another, experiencing unintended additional trauma associated with the failure of the juvenile justice and child welfare systems to coordinate efforts. The consequences of lack of coordination may include:

- Delays in recognizing dual-status and in providing appropriate responses (Wigg, et al., 2013);
- Separate child welfare and juvenile justice case plans that may have conflicting goals and requirements;
- Duplicative and/or non-collaborative case management and supervision practices that are often inefficient and counter-productive;
- Poor permanency and juvenile justice outcomes for children, youth, and families that are quite costly for both the child welfare and juvenile justice systems and the communities they serve.

For many years, little was known about the factors that contribute to multi-system involvement and the trajectories of dual-status youth. Since the 1990s, however, research has provided a better understanding of the challenges, experiences, and prevalence of this perplexing group. In brief, this research has shown that dual-status youth, when compared to youth without multi-system involvement, experience earlier onset of delinquent behavior, higher rates of recidivism, frequent placement changes and substantially higher placement costs, poor permanency outcomes, and, extensive behavioral health problems. Furthermore, poor educational performance and high overall system costs are common attributes associated with dual-status youth. As a result of the research, much more is known about the characteristics of and complexities associated with this population, the factors that contribute to multi-system involvement, as well as emerging efforts to improve practices and outcomes (Herz, et al., 2012).

A 2004 National Center for Juvenile Justice (NCJJ) publication entitled *When System Collide*, identified and catalogued a select number of promising practices that specifically addressed the challenges posed by dual-status youth. That bulletin was based on a national survey and represented a formative early effort to present and describe what courts can do to improve coordination of dual jurisdiction matters. It focused on five categories of practice—screening and assessment, case assignment, case flow management, case planning and supervision, and interagency collaboration. The results of the national survey found that few courts, probation departments, and/or child welfare agencies had established tailored case coordination, case management and information sharing protocols similar to those highlighted in the bulletin.

Because of improved information sharing and enhanced cross-system coordination, much has changed since *When Systems Collide* was published in 2004. Numerous jurisdictions have worked with various national organizations to better identify the size and characteristics of their dual system involved population and to develop strategies to improve case coordination, service delivery and case outcomes. For example, two major initiatives involving the Robert F. Kennedy Children's Action Corps and the Center for Juvenile Justice Reform at Georgetown University, have reached diverse jurisdictions and levels of government with dual-status youth systems integration education and technical assistance.

The 2002 reauthorization of the Juvenile Justice and Prevention Act (JJDPA), requires juvenile courts to develop linkages between state and local child welfare systems to ensure that child welfare records are made available to the court on a delinquency matter and that this information be incorporated into the development of any treatment/ supervision plans (see sidebar).

This paper is a companion to *When Systems Collide*, in that it adds to the initial examples of applicable system reforms. However, it also builds on a more recent 2014 NCJJ publication with updated information on how different states address the issue of dual-status youth (Fromknecht, 2014). NCJJ researchers selected three jurisdictions with exemplary system integration practices targeting dual system youth implemented in their jurisdictions at three critical juvenile justice case processing stages:

- ***Front-End Screening and Identification*** including expedited front-end information sharing, intake screening, and case identification to more promptly address the complex behavioral and familial circumstances surrounding dual system youth;

- ***Probation-Child Welfare Case Coordination*** in cases involving dual system youth adjudicated delinquent and placed on probation, including efforts to encourage and support multi-disciplinary case planning, shared case management responsibility, and more flexible provision of services;

- ***Reentry and Aftercare Planning and Community Support*** for dual-status youth discharged from juvenile correctional institutions and other delinquency residential placements including expedited reentry and aftercare planning, development of institutional supports to require multi- system involvement, and expanded community supports and advocacy—especially for older youth.

Ultimately, after conducting a state-by-state review of policies and practices related to dual-status youth, NCJJ selected three jurisdictions to highlight. These jurisdictions include San Diego County (San Diego, CA), Lehigh County (Allentown, PA), and the state of Arkansas. The site selection process took into consideration state structure for providing services which were highlighted in the 2014 NCJJ publication.

The three sites profiled in this paper are not the only jurisdictions in the country that have enacted important changes related to dual-status matters. NCJJ contacted multiple sites and all of them, to a greater or lesser degree, are attempting to improve practices related to dual-status youth. However, the three jurisdictions profiled here were selected because they have enacted relatively specific reforms most directly applicable to the three stages outlined above.

The three selected sites, while different in many important ways, all share a number of common characteristics. First, they all recognize the importance of addressing appropriate responses for dual-status youth. Second, they all exhibit evidence of strong inter-agency leadership that helped them initiate and sustain reforms. Third, each site demonstrates a willingness and capacity for collaboration between and among agencies. Fourth, all of the sites have developed a formal or informal strategy for reliable identification of dual-status involved youth. Fifth, each site has established procedures and mechanisms for personnel to share and discuss case-level information and to develop collaborative case plans. Each of these themes will be addressed in the site descriptions that follow.

Information Sharing Provisions Included in the 2002 Reauthorization of the Juvenile Justice and Delinquency Prevention Act

Amendments included in the 2002 reauthorization of the Juvenile Justice and Delinquency Prevention Act (JJDPA) require states to promote the sharing of child welfare information with the juvenile court on delinquency matters (Wiig and Tuell, 2004). This legislation acknowledges the linkages between child maltreatment and juvenile delinquency as well as broadens categories available to states to fund juvenile delinquency prevention and treatment interventions for juvenile offenders and at-risk youth who are victims of child abuse and neglect. Relevant sections of this Act require states to utilize funding available through this legislation to facilitate information sharing between juvenile courts and child welfare including:

1. Juvenile courts have available to them the public child welfare records (including child protective services) from that jurisdiction relating to juveniles before the court;

2. Policies and systems are established to incorporate relevant CPS records into juvenile justice records for purposes of establishing and implementing treatment plans; and,

3. Providing assurances that juvenile offenders whose placements are funded by Title IV-E Foster Care receive the specified protections, including a case plan and case plan review.

FRONT-END SCREENING AND IDENTIFICATION: SAN DIEGO COUNTY, CALIFORNIA

Gene Siegel and Andrew Wachter

The ability to promptly identify cases that have both juvenile justice and child welfare involvement is a necessary pre-requisite for any jurisdiction to effectively address its dual-status population. This is important because dual-status youth, when they do reoffend or get into other forms of trouble (e.g., running away from placements), tend to do so more rapidly than non-dual-status cases. Timely system response is imperative to head off this adverse activity and reverse this trajectory. Indeed, the lack of timely response is one of the most important and often overlooked barriers to progress in other jurisdictions (Siegel & Halemba, 2006). Many jurisdictions that have explored avenues to better serve dual-status youth, including more timely identification of such cases, have found it difficult to bridge the gap between juvenile justice and child welfare agencies, often due to long standing cultures of separation and issues surrounding the confidentiality of data.

With over three million ethnically diverse residents, San Diego County is the second most populous of California's 58 counties and the fifth largest county in the U.S. (www.sandiegocounty.gov). In California, the Superior Courts (or Trial Courts) have jurisdiction over all criminal and civil cases and are located in each of 58 counties. The San Diego County Juvenile Court, within the San Diego Superior Court, is responsible for conducting delinquency and dependency court hearings, as well as adoption, emancipation, and truancy hearings. The San Diego County Juvenile Court works closely with other agencies involved in the juvenile court system, including the Probation Department and the Health and Human Services Agency (HHSA). The San Diego County Probation Department oversees both adult and juvenile probationers and operates two juvenile detention facilities and three juvenile rehabilitation facilities in the county. The HHSA, a division of the San Diego County government, houses Child Welfare Services (CWS), which is tasked with investigating claims of child abuse and neglect for children and families in San Diego County.

According to the County's 2012 Probation Department Annual Report, the juvenile probation department received 7,443 referrals, representing 5,622 individuals. In 2012, there were 2,790 petitions filed, involving 2,947 juveniles. More than 6,200 juveniles were supervised by the probation department (San Diego County Probation Department, 2012). A 2014 California Court Statistics Report also indicated more than 1,500 dependency cases were filed in San Diego County Juvenile Court in 2012 (Judicial Council of California, 2014).

Agency leaders in San Diego work together to allow juvenile probation staff access to the child welfare case management system (CW/CMS). All juvenile justice intake probation officers have full access to the CW/CMS and can view all details on a youth's child welfare system history and involvement. Juvenile probation intake staff can immediately identify the youth's case worker and contact information, as well as details surrounding the agency's involvement with the youth. In fact, the only restricted information that is not available to juvenile justice personnel involves cases deemed "high profile" due to extraordinary circumstances and/or media coverage.

The sharing of data between the two agencies is not the only innovative dual-status practice in San Diego County. Timely identification of cross-system involvement—and in San Diego County, this often equates with "immediate" confirmation—is also critical to initiating prompt responses intended to appropriately and quickly intercede in the adverse trajectories that are the unfortunate hallmarks in so many dual-status cases.

San Diego's interest in dual-status youth and reform efforts to address this population began in 2005 after being introduced to the Cross Over Youth Practice Model (CYPM) offered by the Center for Juvenile Justice Reform at Georgetown University. With technical assistance from CYPM trainers, San Diego County Juvenile Probation began collaborating with HHSA to accurately identify dual-status youth in a timely fashion. This collaboration resulted in the creation of a Memorandum of Understanding (MOU) between the San Diego Probation Department and the Health and Human Services Agency, Child Welfare Services. The MOU created an avenue for the two agencies to share case-level data in order to facilitate the identification of dual-status youth.

A specialized Dual Jurisdiction Unit was created by the juvenile probation department in November 2013 to address the complex needs of dual jurisdiction youth (i.e., youth with an open dependency case who are referred for a delinquent act). The Dual Jurisdiction Unit consists of four full-time probation officers that maintain an average caseload of 10 youth each. On average, the number of dual jurisdiction youth hovers around 40 at any given time.

San Diego Has Two Paths to Timely Identification and Screening for Dually Involved Youth

There are two identification and screening/assessment "paths" for dually-involved cases in San Diego County. One path is for youth who are detained at referral and one for those who are referred without detention. When youth are detained, intake probation officers conduct an immediate check on the CW/CMS to determine if the detained youth has an active or open dependency case. If active dependency is confirmed, the court (at the detention hearing which must be held within 24 hours) orders the probation depart-

ment and child welfare to conduct a *meet and confer* process. The *meet and confer* process requires probation and child welfare to collaborate and discuss the youth's needs and prepare a joint comprehensive report in preparation for a *readiness hearing* that is held within two weeks of the detention hearing.

For referrals that do not result in detention, law enforcement officers responding to the initial call or complaint (which most often occurs at a group home or other out-of-home placement) are specifically trained to identify and respond to complaints involving dual-status youth. This usually occurs in one of two ways. In one scenario, the responding officer is notified by the caretaker at the placement that the youth is involved with Child Welfare Services and is therefore likely to be a dual-status youth. Alternatively, during an investigation, the first responder or detective conducts a records check and learns that the youth is also a dependent youth who has an assigned social worker.

Regardless of custody status, all dual-status youth are subject to a comprehensive and timely screening/assessment process. If the youth is diverted, the charges are dismissed upon completion of the diversion agreement. For youth who are not already on probation, the intake probation staff administer the *Risk and Resiliency Checkup*, a research-based risk assessment instrument that captures a youth's risk and protective factors. The results of this assessment are used to assign the youth to appropriate services and to determine probation supervision levels (low, medium, or high).

It is important to note that in addition to diversion programs offered through the district attorney's office, local law enforcement agencies in San Diego County also have their own diversion options. For example, in a case involving a minor offense, law enforcement may decide to divert without making an immediate delinquency referral. Local stakeholders believe that many dual-status cases involved in relatively minor incidents are effectively and safely diverted by law enforcement from formal involvement in the juvenile justice system.

A collaboration team is convened for dually involved youth within two weeks of a delinquency referral involving a dependent youth. This team is responsible for formulating a service plan that will be incorporated into the *meet and confer* report to the court. The collaboration team is comprised of representatives from probation, child welfare, education, mental health, guardians/parents, the youth, and perhaps others.

The assigned probation officer and CWS social worker jointly draft a memo to the court that contains a comprehensive summary of key issues involved in the case and applicable recommendations. The memo typically covers the following topics:

- A description of the instant offense;
- A summary of the youth's probation history;
- A summary of the youth's current detention adjustment, if applicable, and prior detention history;
- A summary of the youth's HHSA (child welfare) history including current and previous formal and informal HHSA contact information;
- A thorough description of a youth's placement history;
- A summary of the youth's counseling/community intervention history;
- A description of the youth's parental/family information/involvement;
- Up-to-date academic information;
- A statement from the Court Appointed Special Advocate (CASA), if applicable;
- A summary of the most recent psychological evaluation;
- A summary of substance abuse issues; and
- Recommendations to the court.

To ensure juvenile justice and child welfare representatives are collaborating in a timely manner, the readiness hearings and dual jurisdiction docket (or dual calendar) are held by the Presiding Judge. For youths who are adjudicated as dual-status, a post-adjudication multi-disciplinary team (MDT) is convened to establish a case plan. The MDT is comprised of representatives from probation, child welfare, CASA, education, mental health, and others.

Keys to Success

The review of San Diego County's procedures for identifying and matching dually involved youth revealed a number of critical programmatic components. As indicated, the front-end identification and assessment/screening processes in San Diego County are both timely and comprehensive. They reflect a shared culture of cross-system collaboration and cooperation that recognizes the unique needs and challenges associated with these difficult cases. Further, San Diego has a strong legacy of interagency collaboration, communication, and cooperation stemming back to the 1990s when San Diego County engaged multiple agencies and stakeholders in planning for the Comprehensive Strategy for Serious, Violent and Chronic Juvenile Offenders, and continuing through San Diego's involvement in the Juvenile Detention

Alternatives Initiative and the Crossover Youth Practice Model (CYPM) initiative in the 2000s.

The collaboration in San Diego has also created widespread recognition of the value of allowing juvenile probation intake officers to have full access to the Child Welfare System/Case Management System (CWS/CMS). This recognition allows for immediate notification between intake and child welfare when a dependent youth is referred for a delinquent act and provides intake and other probation staff extensive history on dual-status youth that supports the development of very thorough joint case plans and reports for the court.

San Diego County also supports the strong commitment to coordination of dual-status matters at all staff levels including line staff in child welfare (social workers), probation officers, supervisors, agency directors, attorneys, prosecutors, judges, law enforcement, community providers, and others. In addition, the seeds of judicial leadership are sown early through arrangements for new judges assigned to the juvenile bench to handle the dual jurisdiction docket (when the presiding juvenile court judge is not available) as part of their initial experience in juvenile court—this helps build awareness among new judges of the unique challenges and needs associated with dual-status youth.

Sustainability:

In addition to continued prompt identification and screening of dual-status cases, there are many important factors that are critical to sustaining dual-status youth reform efforts in San Diego County, including:

- Maintaining strong judicial leadership to ensure that the reforms associated with dual-status youth are implemented, continued, and improved;
- Periodically re-affirming the formal Memorandum of Understanding between probation and HHSA;
- Recruiting and retaining attorneys in San Diego County, including public defenders and attorneys representing the child welfare agency (many of whom have social work backgrounds);
- Retaining key staff, which helps to sustain the strong collaborative philosophy across agencies and among stakeholders;
- Recognizing that working in juvenile court is not considered a "training ground" but is an important assignment—for judges, attorneys, prosecutors, and others, all of who also understand the importance of and the challenges associated with dual-status youth cases;
- Assigning experienced law enforcement officers to handle juvenile matters and providing training to these officers to help them understand the need for differential responses in dual-status youth cases;
- Training all juvenile probation officers and other key stakeholders in trauma-informed care (over 400 probation officers, attorneys, and others recently completed this training).

Front-End Screening and Identification in Maryland: A Similar Process

The identification process for dual-status youth seen in San Diego is similar to practices that have been adopted statewide in Maryland. While San Diego allows juvenile probation staff access to the child welfare data system (CW/CMS), Maryland has built a separate data system to bridge the gap between their juvenile probation and child welfare data systems.

The state of Maryland began addressing the issue of dual-status youth approximately 5 to 6 years ago with the development of a stand-alone data system called the "Child Safety Net Dashboard" (Dashboard) that bridges database information between child welfare cases handled by the Department of Social Services (DSS) and delinquency cases handled by the Department of Juvenile Services (DJS). Identification and management of dual-status youth have been formalized in Maryland's Community Case Management Policy Manual.

All DJS intake and probation officers have access to the Dashboard. Upon receipt of a delinquency referral, the intake worker is required by policy to use the Dashboard to check for open child welfare involvement. Open child welfare involvement is defined as an open/active file where a youth is committed to DSS and being supervised by a social worker. If dual-status is indicated, the Dashboard will display the DSS caseworker's name and contact information. Additional case information can be gathered when DJS and DSS staff' coordinate on the case. This process works similarly for DSS workers checking to see if a youth has an open DJS case. Open DJS involvement is defined as a youth being under supervision with DJS (probation/aftercare).

Dual-status is confirmed when the intake staff calls the youth's assigned caseworker identified by the Dashboard and verifies open DSS / DJS involvement. After dual-status is confirmed, the youth's assigned probation officer and DSS caseworker communicate routinely. Communication between both parties is tracked in case notes in separate departmental case management databases.

Summary: Front-End Screening and Identification

While there are strong indications in San Diego County that dual-status youth reforms are likely to be sustained and even enhanced, there are also some serious challenges to sustainability. For example, at the present time there is not a component within the automated systems specifically designed to track important case activities, performance indicators, and outcomes specific to dual-status youth. Instead, HHSA and the juvenile court periodically compile such data on an Excel spreadsheet. Accordingly, establishing the automated capacity to more actively track DSY cases in the juvenile court's probation, and/or child welfare automated case management systems is critical. As noted in the CYPM final report to San Diego County, the juvenile court, probation department and HHSA, should continue to explore feasible options for improving their automated capabilities in this important realm.

In addition, finding ways to effectively and safely manage DSY cases in the face of significant budget cuts is always difficult. The loss of placement resources and other services for these youth and heavy reliance on the local child welfare shelter facility for dependent youth (the Polanski Center) limit options, particularly for children and youth with serious mental health and other issues. The loss of options may ultimately affect dual jurisdiction outcomes.

CA Assembly Bill 129

California has a unique statutory structure related to the handling of dual system youth. Under California's Welfare and Institutions Code, Section 241.1, juveniles that appear to be both dependent and delinquent must be investigated by both the child protective services department and probation department and an assessment provided the court to determine which status (dependent or delinquent) will best serve the interest of the minor and the protection of the community. The court conducts a joint assessment hearing, called a 241.1 hearing, to make this determination. In San Diego, this 241.1 hearing is referred to as a "meet and confer".

In 2004, the California Legislature passed Assembly Bill 129 to provide local jurisdictions some flexibility in how to handle dual-status youth. Assembly Bill 129 allows counties to develop local dual-jurisdiction protocols allowing youth to be designated as both a dependent child and a ward of the juvenile court. As of February 2013, there were 15 counties in California that had adopted local protocols to meet the needs of dual-status youth.

While San Diego County has not adopted a formal dual jurisdiction protocol, the county's dual-status youth practices were established via a Memorandum of Understanding between juvenile probation and child welfare and address youth with an open dependency matter and a pending delinquency matter or an adjudicated delinquency matter that has been set for deferred disposition.

The "lead agency" designation in San Diego dual-status youth cases refers to the agency responsible for any placement paperwork. Other duties are split between the youth's probation officer, social worker, and other agencies working with the youth.

PROBATION-CHILD WELFARE COORDINATION: LEHIGH COUNTY, PA

Teri Deal, Anne Rackow, Douglas Thomas, and Lauren Vessels

Identifying and assessing dually involved youth is just the beginning. Once the youth are identified, the two systems must agree about what to do with them. In some jurisdictions, this may be a very formal and complex process. In most jurisdictions, however, the joint approach is likely to be informal. This was certainly the case in Lehigh County, PA, which since 2009 has taken a grass-roots approach to formalizing a traditionally informal integrated response to dually involved youth.

Lehigh County is located in southeastern Pennsylvania in a region known as the Lehigh Valley. As of the 2010 census, the population of Lehigh County was 349,497. Allentown is the county seat and is the state's third largest city behind Philadelphia and Pittsburgh. It is currently the fastest growing county in Pennsylvania, and among the fastest growing nationwide from 2010 to 2012.

In Lehigh County, like all counties in Pennsylvania, the Juvenile Probation Department is responsible for delivering services for juveniles ages 10 through 17 who are adjudicated for delinquent offenses. The probation department employs a broad range of programs and services to monitor and supervise delinquent youth, including community based probation, counseling opportunities, residential placement, and intensive aftercare services.

The county Office of Children and Youth Services (OCYS) has responsibility to provide protective services to children who are neglected, abused or dependent as defined by state laws and Department of Public Welfare regulations. Accordingly, its mission is to protect children from abuse and neglect, maintain children in their own home and community, ensure access to community-based services for parents experiencing difficulty in caring for their children, preserve and stabilize family life, and assure that children have a permanent home. These goals are accomplished through a variety of intervention, parenting and prevention programs that promote the safety and well-being of the children of Lehigh County.

Like many jurisdictions, the Lehigh County Juvenile Court recognizes that it is not uncommon for youth under delinquency court supervision to also be dependent and under the care of OCYS. The county has a long-standing tradition of collaborative partnership across agencies, and the juvenile justice leadership understands that such collaborations can enhance effective and cost-efficient responses to issues related to both delinquency and dependency. They know that failure to share information and resources across systems diminishes the effectiveness of both systems and may also result in duplication of services, competing case plans, and animosity between agency staff. Lehigh County's Juvenile Probation Department and OCYS have combined efforts to increase system response effectiveness and maximize cost efficiencies.

A Relationship-Driven Process

The impetus for enhancing collaboration between Lehigh County's Juvenile Probation Department and OCYS did not come from a crisis event or negative results from an expensive study; rather, it came from a realization among agency leaders that the two agencies regularly shared cases, families, and problems but inconsistently shared responsibility, resources, or knowledge about the cases. The leadership in Lehigh County realized that the absence of collaboration often resulted in opposition, waste, inefficiency, and too often, more harm to youth and families. They understood that the failure to enhance system response to dually involved youth may lead to or perpetuate "system baiting" (i.e., using one system against the other), the migration of cases from abuse and neglect to delinquency, increased dissatisfaction with both systems, more youth in placement, and increased potential for crime and delinquency.

In response to this insight and these concerns, Lehigh County tapped into its rich tradition of interagency cooperation to establish a joint probation officer/caseworker protocol for shared cases and strategy for dual system responses to dually involved youth. The protocol was drafted jointly by representatives from both agencies and sets forth procedures for identifying dual-status youth, communicating with each other, and sharing case responsibilities. The protocol is designed to increase system response effectiveness, maximize cost efficiencies, and avoid interagency acrimony. It sets clear expectations for Lehigh County's Juvenile Probation Department and OCYS to share information and allocate resources across cases. The protocol includes a process for regularly identifying dually involved youth and strategies for collaboration between juvenile probation officers and caseworkers, including shared home or placement visits and shared court appearances.

The process for developing the protocol included several intentional decisions on the part of leaders from both agencies. Once they committed to improving collaboration between the systems, they instituted an informal policy to unconditionally support the other system and consciously model positive, cooperative attitudes towards the other system. This informal policy has helped eliminate the potential "us versus them" mentality that often plagues systems.

Knowing that relationships are essential to collaboration, the leadership of the Juvenile Probation Department and OCYS agreed that the first step to formalizing their collaboration would be to strengthen the relationship between the agencies through building trust and sharing information about each system's processes and responsibilities.

To do this, they convened a day-long workshop involving all levels of staff from judges to direct service workers. The workshop offered an opportunity for both agency directors to present a case for a collaborative response to youth and families involved in both systems. Further, it provided a forum for all key actors to voice their ideas and concerns. To arbitrate possible conflict and to facilitate the discussion, they employed a neutral, professional mediator who created an atmosphere of trust and receptiveness where caseworkers and probation officers were able to air their differences and learn from each other in open discourse. This helped the agencies explore a broad range of potentially contentious issues and generate resolutions.

The workshop also provided an opportunity for juvenile probation officers and caseworkers to learn about one another's agency missions, system goals, and daily work. This cross-training has been sustained, and when new employees are hired by probation or OCYS, part of their training includes shadowing their counterparts in the other agency for a day which allows new hires to get to know employees from the other agency and to get a feel for their role and responsibilities.

Judicial Role in Cross-Agency Collaboration

The Juvenile Probation/OCYS workshop established the expectation that Lehigh County professionals responsible for delinquent and/or abused and neglected youth—from judges to case workers to probation officers—are expected to work together. Judges play a crucial role in the collaboration as they are the gatekeepers to information sharing. For many jurisdictions across the country that are attempting cross-agency collaboration, there are many obstacles to sharing information, including outdated and restrictive policies, procedures, and embedded practices designed to guard the confidentiality and privacy of youth and families. Recognizing the critical importance of sharing information, the judges in Lehigh County established a court order mandating that child welfare and juvenile probation freely share pertinent case information. Additionally, one of the essential elements of Lehigh County's collaborative approach is that the judges agreed to include standardized language in court orders easing the sharing of information between both offices.

Besides eliminating hurdles to sharing information, the judges also recognized the importance of representation by both agencies at hearings. The county adjusted court scheduling practices so that a youth's delinquency and dependency hearings could occur jointly. Joint hearings have proved extremely helpful in assisting collaboration and essential to increasing efficiency. Joint hearings also provide opportunities for case workers and probation officers to demonstrate a united front. The visible partnership between juvenile probation and children and youth services in Lehigh County sends a message to both youth and families: there is a team of people viewing the situation from a variety of angles and working together to support the family's efforts towards success.

Juvenile Probation/OCYS Protocol for Shared Cases

While caseworkers and juvenile probation officers in Lehigh County have traditionally acted in accordance with a long-standing informal culture of collaboration, expectations for collaboration were formally documented in the Probation/

State-Level Guidance in Pennsylvania on Shared Case Responsibility for Dual-Status Youth

Pennsylvania's child welfare system is county-administered and state-supervised. Child welfare and juvenile justice services are organized, managed, and delivered by county-level children and youth agencies and juvenile probation offices. However, in May 2010, the Pennsylvania Department of Public Welfare, Office of Children, Youth and Families circulated a bulletin that provides an overarching state-level framework supporting local county efforts in developing local shared case responsibility protocols for youth under the direct supervision of local children and youth agencies, juvenile probation offices, or both concurrently.

The 2010 bulletin describes and provides detailed guidance on how to implement shared case responsibility in the "*full continuum of case transitions*" involving dual-status youth including:

1. Formal court proceedings resulting in "dual adjudication" orders that identify child welfare and probation shared case responsibilities for youth determined to be both dependent and delinquent;
2. An option outside of a court order in less formalized scenarios in which each agency (child welfare or probation) wishes to consider how services from the other agency could benefit the youth and family and improve outcomes in a wide range of dual-status cases.

More information: http://www.pccyfs.org/dpw_ocyfs/Shared_Case/OCYF_Bulletin3130-10-01_SC_Policy-Procedures.pdf.

OCYS Protocol for Shared Cases. The protocol is designed to increase the likelihood that all shared cases receive coordinated attention, cost and time efficiencies are promoted, and the common goals of agencies are emphasized.

The first step of the protocol is for the Juvenile Probation Department and OCYS to identify shared cases. Each week, the Juvenile Probation Department data manager receives a report created by the juvenile court Information Technology (IT) Department. The report is the result of a search of both the probation case management and the OCYS systems that identifies juveniles that are common to both systems. To be selected for the list, juveniles must be active in both systems, have the same name, birthdate and social security number. The report also includes the probation officer and the OCYS caseworker assigned to the juvenile as well as the juvenile's status within the OCYS system. The Juvenile Probation department data manager receives the initial report, reviews it, and makes any necessary corrections. The report is then saved in a common folder on a drive that is shared by both departments. The report is also forwarded by email to assigned juvenile probation officers.

The protocol states that the shared list must be distributed electronically to both juvenile probation officers and caseworkers on a weekly basis. However, over time the actual practice has evolved so that juvenile probation officers initiate the shared case process by marking a "shared case" box in the case management system when scheduling the initial delinquency hearing. This sends an automatic notice to the case worker that a shared case is scheduled for court and they are obliged to contact the juvenile probation officer and attend the hearing.

The protocol documents methods for juvenile probation officers and caseworkers to communicate pertinent case information. For example, a shared drive is available for juvenile probation officers and caseworkers to share notes and information regarding cases. However, interviews of juvenile probation officers and caseworkers indicated that telephone calls and emails are the most common form of communication.

The protocol also formalizes several expectations regarding how and when juvenile probation officers and case workers discuss cases. For example, the formal protocol includes an expectation that juvenile probation officers, caseworkers, and their supervisors meet within 10 days of the date of notification of a shared case to review the case and determine whether it will be handled jointly or separately. There is room for professional discretion, and juvenile probation officers and caseworkers may forego the initial meeting if they agree on how to proceed without further discussion.

The protocol requires at least one shared home visit during the life of the case, and if the youth is in an out-of-home placement, at least one shared visit to the placement facility should occur. All shared visits—in the home and in placement—are to be documented in the shared common folder on a shared file. Both juvenile probation officers and case workers are expected to attend the initial hearing—either dependency or delinquency, whichever occurs first. They are also expected to attend all subsequent court hearings together. Informally, however, juvenile probation officers and caseworkers may communicate prior to a hearing and determine that joint attendance is not necessary.

Both juvenile probation officers and caseworkers are expected to communicate prior to closing a case and determine if closing is appropriate. If both agree, a closing meeting is not required. Supervisory attendance at the closing meeting is not required as long as the plan is agreed upon by the juvenile probation officer and the case worker. In the event there is concern regarding the closing by either office, the supervisors attend the meeting and find a resolution. When a case is closed, the office that initiated the closing is responsible for entering the information into the shared file and sending an email to the other office—either juvenile probation or OCYS—informing them that the case is closed.

Communication, collaboration, and coordination are hallmarks of Lehigh County's approach to sharing responsibility for cases shared by juvenile probation and OCYS. The amount of communication necessary depends upon the complexity of the case. The juvenile court and OCYS are located within a few blocks of one another and this proximity enhances communication and coordination and eases the strain of regular meetings and information sharing

While much of the County's efforts to coordinate responses for dually-involved juveniles are extensions of its tradition of collaboration, Lehigh County's formal shared case protocol provides guidelines for collaboration, coordination, and regular communication between agencies. By making use of the expertise and resources offered by multiple organizations, Lehigh County is able to reap several important benefits. First, decisions are more likely to be cost-effective and efficient. Second, collaboration is also likely to reduce the duplication of services. Third, strategizing case activities across disciplines allows both the juvenile probation officer and case worker to consider the different aspects of each case. For example, juvenile probation officers are able to consider delinquent youth in the context of their family and home life. Further, shared case planning can increase the variety of services available to dual-status youth. This is especially effective when providing services to the family as a whole would have a positive effect on outcomes for youth.

Sustainability

The JPO/OCYS protocol for shared cases has been in place since 2009 and, from all accounts, continues to be a highly regarded and valued process among juvenile probation offi-

cers, case workers, as well as administrators. What has sustained the process to date is strong leadership, broad commitment to sharing cases, and the low costs associated with the protocol. Implementing the protocol does not require additional staff positions or extra funding as it is built into the day-to-day work of both agencies. It is a way of doing business that capitalizes on Lehigh County's culture of collaboration and relies on consistent communication across agencies, buy-in and commitment from JPO and CYF leadership, and judicial support.

However, the apparent benefits of the protocol exist in the absence of any data describing its outputs or outcomes. Its vitality relies on the quality and strength of the idea that shared responsibility for dually involved youth is the right thing to do, positive past experiences, and the pre-disposition of court and children's services workers in Lehigh County to collaborate. Long-term sustainability, however, is likely to require empirical evidence of the quality, effectiveness, and cost/benefits of the process. The leadership in Lehigh County is assessing the current implementation of the protocol to determine if adjustments need to be made in the formalized protocol.

Information Sharing and Case Collaboration in Placer County, CA

Placer County (Auburn, CA) has a coordinated system of care, System Management and Resources Team (SMART), where probation officers, social workers, and nurses are housed in the same offices to encourage information sharing and case collaboration..

This system of care is supported by a formal MOU between Placer County Probation, the Department of Health and Human Services, the Superior Court, and the Office of Education. Bi-weekly meetings occur between the judge and representatives from probation, education, human services, and mental health.

Dual-status cases are identified at intake through cross-checking the data systems. Child welfare and delinquency systems collaborate to assess the needs of the youth and family and bring a joint recommendation on the level and type of agency involvement.

Placer County has adopted a local dual jurisdiction protocol that permits the court to designate a youth as both a dependent child and a delinquent ward of the court. Cases may be staffed using an "On-Hold Model," the Concurrent Service and Case Plan Model," or a variation. Cases are planned and supervised according to a Unified Service Plan. In case of co-occurring jurisdiction, efforts are made to consolidate cases under one judge, to use dedicated dockets, and to apply a single attorney model.

Summary: Probation/Child Welfare Case Coordination

Every jurisdiction is unique and will have different strengths and challenges when implementing a new routine or practice around case management of dual jurisdiction cases. The review of the Lehigh County JPO/OCYS protocol for shared cases revealed a number of essential components for establishing, implementing and sustaining a similar approach in other jurisdictions, including:

- Articulation of a clear purpose, goals, objectives, and activities for implementation;
- A carefully constructed and comprehensive implementation protocol or operational manual;
- Strong judicial and administrative leadership and buy-in;
- Commitment and acceptance of the process by professional staff from both agencies;
- Strong training curricula addressing the mission and goals of participating agencies as well as shared case management responsibilities;
- Opportunities for cross training regarding the roles and responsibilities of both agencies;
- Clear, unambiguous, and consistent communication agreements and protocol between agencies;
- A strong plan for data collection, reporting, evaluation, and continuous quality improvement.

AFTERCARE/REINTEGRATION PLANNING AND COMMUNITY SUPPORT: ARKANSAS

Gregg Halemba and Hunter Hurst

State and local jurisdictions have often struggled to ensure that youth discharged from placement are placed in relatively stable homes or are provided suitable independent living alternatives and supports needed to give dual-status youth a realistic chance of productively transitioning back into their communities. Without a stable living arrangement, it becomes exceedingly difficult to provide these youth the range of educational, vocational training, employment assistance, behavioral/mental health and substance abuse services they typically need and to ensure that there is adequate supervision and advocacy in place to support the often detailed reentry and aftercare plans set in place prior to discharge.

These issues are magnified for delinquent youth with a history of child welfare involvement who may have little or no familial supports in place to count on upon their release from institutional and other congregate care placements. Often, the extent of such child welfare involvement is extensive, including years of formal court involvement accompanied by multiple episodes of foster care, group home, and other congregate care placements.

Estimates of the proportion of deep-end delinquency youth with a history of child welfare involvement vary substantially depending on the threshold of child welfare involvement used. However, there is an emerging body of evidence that the majority of delinquent youth court-ordered into secure and non-secure delinquency placements have had at least some prior contact with the child welfare system. For example, a recent King County (Seattle, WA) study found that 88% of youth adjudicated for a felony offense (the state's minimum threshold for juvenile commitments) had some history of child welfare contact.

However, it appears that in most states, the percentage of youth in delinquency placements who concurrently have open child welfare cases is relatively small. The same is true of youth discharged from correctional placements. Child welfare typically has little to no role in providing aftercare/community reintegration support for youth released from secure/non-secure delinquency placements. In both scenarios, child welfare involvement probably occurs less than 5-10% of the time. (Cusick et al., 2009).

A variety of factors contribute to the fact that the likelihood of continued concurrent child welfare involvement decreases as dual-status youth are court-ordered into delinquency placements and eventually discharged from these placements. Conflicting organizational priorities, limited resources, jurisdictional boundaries and historical precedence contribute to the routine closure of open child welfare cases by the time youth are placed in the custody of juvenile corrections or otherwise placed in a delinquency residential program.

Greater Recognition of the Importance of Aftercare Planning/Advocacy

In recent years, a number of state and local jurisdictions have initiated efforts to expand the scope of reentry and aftercare planning and support for delinquents released from secure and staff secure residential placements. These efforts have included a number of components:

- Increased emphasis on aftercare planning with recognition that transition planning should begin at a much earlier point in the process;
- Establishing statutory guidance and creating an organizational framework to encourage inclusion/participation of multiple agencies in the aftercare planning;
- Adopting interagency and interdivisional MOUs that clearly define the philosophical and procedural underpinnings of community transition support;
- Interagency and intra-agency/interdivisional pooled/merged funding streams;;
- Enacting legislation and/or developing agency protocols that provide options to offer older youth the opportunity to continue receiving critical community integration services in a manner consistent with the Fostering Connections and Enhanced Adoptions Act of 2008 (See side bar, page 14);
- Providing structural, funding and training supports that decrease impediments to continued post-dispositional attorney and Guardian Ad Litem (GAL) participation and advocacy;
- Encourage meaningful familial and youth participation in aftercare/transition planning and support inclusion of CASA, Fostering Connections and other advocates in the process.

These efforts have been spurred by a greater recognition of the complex needs of older youth transitioning out of juvenile justice placements and the importance of providing a stable and, at least, minimally supportive living environment to youth who often have spent a considerable portion of their lives in kinship care, foster care, group home and other congregate care environments.

Provisions of the Fostering Connections to Success and Increasing Adoptions Act of 2008 to Assist Older Youth Transitioning from Out-of-Home Placements

This landmark legislation has provided for a number of reforms designed to bolster efforts to find permanent homes for foster children, to maintain sibling ties, and to provide greater flexibility and expand the continuum of options available to child welfare and juvenile justice to assist older youth transitioning from out-of-home placements to independence. These provisions to assist older youth include:

Extension of federal assistance beyond age 18. The Act provides a state option to continue Title IV-E reimbursable foster care, adoption, or guardianship assistance payments to youth up to age 21 in accordance with specific criteria enumerated within the Act.

Extension of services to older youth who achieve permanency. The Act extends eligibility for Chafee Foster Care Independent Living Program services to children who are adopted or enter into a guardianship at age 16 or older. Eligibility for education and training vouchers is also extended to youth who enter into a guardianship at age 16 or older, matching previous eligibility guidelines for youth who were adopted at age 16.

Transition plan requirement. The Act requires that all youth, with the assistance of their caseworker, develop a personalized transition plan during the 90 days prior to "aging out" of foster care at age 18 (or up to 21 as the state may elect). The transition plan must address housing, health insurance, education, local opportunities for mentors and continuing support services, workforce supports, and employment services.

More information: FosteringConnections.Org Project , Perspectives On Fostering Connections: A Series of White Papers on the Fostering Connections to Success and Increasing Adoptions Act of 2008 (White Paper on Older Youth), Washington DC, 2013 (http://www.childrensdefense.org/library/data/state-data-repository/perspectives-on-fostering.pdf).

See also, Children's Defense Fund, Fostering Connections To Success and Increasing Adoptions Act Summary, Washington DC, 2010 (http://www.childrensdefense.org/library/data/FCSIAA-detailed-summary.pdf).

The Arkansas Example

Arkansas is a relatively rural and economically challenged state, however in recent years, the state has embraced the challenge to better address the needs of dual-status youth transitioning from juvenile correctional placements. The state has stitched together a noteworthy array of foundational building blocks that other jurisdictions might find worthwhile to consider in their own reform efforts.

A two-day site visit to Little Rock found that Arkansas faces many of the well-known challenges to providing services, including lack of funding, a limited array of service/intervention options, and a dearth of individualized transition plans. However, the site visit also revealed that most of the components of aftercare/community transition planning and implementation are in place in Arkansas, including:

- A statutorily created Ombudsman Division and an Ombudsman who has a critical role in cross-system communication, case coordination and aftercare/community transition advocacy;
- Statutes that provide guidance on a number of issues related to the provision of reentry and aftercare planning for dual-status youth;
- A centralized state agency—the Department of Human Services (DHS)—that was able to introduce a multidisciplinary case planning process in which division administrators, unit managers, and program directors routinely participate;
- Development of a detailed "Cooperation Agreement" that provides the framework for DHS interdivisional cooperation—specifically the Division of Youth Services (DYS) and Division of Children and Family Services (DCFS);
- Development of a detailed "Cooperation Agreement" that provides the framework for DHS interdivisional cooperation—specifically the Division of Youth Services (DYS) and Division of Children and Family Services (DCFS).

Juvenile Ombudsman: Advocate, Cross-System Liaison and Coordination

Legislation was passed in 1999 creating the Ombudsman Division within the Arkansas Public Defender Commission. The Arkansas Public Defender Commission was statutorily created in 1993 and is responsible for managing indigent

defense in the state including paying the salaries of all public defenders, certain support staff and all private attorneys appointed to represent indigent criminal defendants. The Commission is also responsible for certification of private attorneys.

The Commission's Ombudsman Division was originally staffed with eight social workers and three support staff. However, due to budget cuts, there is now just one Ombudsman and this individual is responsible for ensuring that all youth committed to the custody of the DYS are safe, are treated humanely, and are receiving the necessary services.

The Ombudsman is actively immersed in the cases of dual-status youth including those youth being considered for DYS commitment as well as those youth committed to DYS custody and placed in correctional/institutional care. He remains involved in these cases from the point of pre-disposition to the time they are discharged from institutional care and are transitioning back into the community.

The Ombudsman receives notice of all court hearings, works with probation/case work staff to avoid state commitment, and (on the back end) has an integral role in coordinating/facilitating monthly DYS/DCFS joint staff reviews of committed youth with complex needs that make discharge planning and community placement difficult. This includes ensuring that child welfare cases are opened/reopened on DYS wards being released from residential custody who have no appropriate home for reentry.

The Ombudsman also works with state and local partners to facilitate timely reinstatement of Medicaid health coverage for youth and ensure that provisions for adequate education reintegration are included in the aftercare/community transition plan.

Statutory Provisions Addressing Dual-Status Jurisdiction

In Arkansas, statutes provide specific guidance on a number of issues involving the provision of aftercare/community transition planning involving dual-status youth. These statutes essentially establish the framework that guides multidisciplinary collaboration and coordination in complex dual system cases..

Jurisdictional issues regarding youth with concurrent DYS and DCFS petitions are addressed in a series of statutes. These statutes define the parameters of DYS and DCFS responsibilities relative to youth concurrently in both systems, including initiation of court proceedings regarding the custody status of youth being discharged from DYS institutional care and the ability of older youth no longer in DCFS custody to petition the court to receive independent living and/or transitional services.

- In cases of concurrent DYS and DCFS custody, any party to the dependency-neglect petition (including the youth and his/her attorney ad litem), can file a motion to transfer jurisdiction over continued legal proceedings concerning the youth to the court presiding over the DCFS matter (A.C.A. 9-27-306);

- If a youth in DYS custody does not have a viable home to be released to, DYS is to immediately notify the DHS Office of Chief Counsel and the latter shall file a petition with the committing court to determine issues related to custody, placement and provision of services to the youth and family. This provision includes youth whose parents refuse to accept them home (A.C.A. 9-27-330);

- A youth who has previously been adjudicated dependent or dependent-neglected and whose DCFS case has been dismissed, can contact his/her attorney ad litem to petition the court to return the court's jurisdiction to receive independent living and/or transitional services prior to the youth's 21st birthday (A.C.A. 9-27-306).

Centralized Administration of Juvenile Corrections and Child Welfare

Arkansas has centralized administration of child welfare and juvenile corrections through a single, multi-faceted state agency—the Arkansas Department of Human Services (DHS). DHS is also the umbrella agency responsible for a wide range of other services, including behavioral health and developmental disabilities, that are often essential components of a comprehensive reentry and aftercare transition plan.

The Division of Youth Services (DYS) is an independent division within DHS responsible for oversight of the state's juvenile treatment centers and juvenile correctional facilities and provides for aftercare supervision and programming for youth discharged from these residential placements.

The Division of Children and Family Services (DCFS) is responsible for intervention in child abuse and neglect matters, provision of foster care services, family treatment programs and child abuse prevention.

Approximately five years ago, DHS implemented an interdivisional case staff review process for youth with serious/complex needs that make placements difficult. The purpose of these staff reviews is to improve treatment/case planning and to provide assistance and support to DCFS field staff, direct services staff and other stakeholders involved with the youth and family.

Youth referred for interdivisional staff reviews include youth who have cases needing intensive coordination between DHS Divisions, service providers, and/or other community partners in order to connect the youth with appropriate services and to better address permanency issues.

This process has been well-received and expanded over the ensuing years. Initially, interdivisional staffings were scheduled for twice per month and cases of dual-status youth in the process of being discharged from DYS institutional care were intermixed among youth involved with other DHS divisions. For the past three years, a third monthly staffing was scheduled specifically for DYS-involved youth.

Because of DHS multi-faceted responsibilities, the agency was able to introduce this multi-disciplinary case planning process in a relatively seamless fashion. Most structural obstacles could be handled internally in that most of the key participants were mainly from divisions and units directly reporting to the DHS Director.

Required participants included representatives from Children and Family Services, Youth Services, Medical Services, Developmental Disabilities Services, Behavioral Health Services, and the Office of Policy and Legal Services—all divisions within DHS. A number of other DHS staff and contractual services representatives are also routinely required to attend, including referral coordinators within the respective DHS divisions, designated caseworkers, and service providers. As needed, the Department of Education will send a Special Education representative.

The primary non-DHS participant is the Juvenile Ombudsman who is apprised of and helps coordinate all DYS-related interdivisional staff reviews. While public defenders and attorneys ad litem are also invited to attend, the Juvenile Ombudsman is the key intermediary and advocate working closely with a youth's assigned counsel and legal advocates. CASA (Fostering Connections) volunteers are also frequently in attendance and parents and relatives are encouraged to not only attend but to also participate in the staffing.

During the 2014 survey, NCJJ staff identified a number of key statutory, infrastructure, procedural, and advocacy reforms in how dual system cases were handled in Arkansas. NCJJ staff met with the more than 15 participants involved in a particularly complex interdivisional staffing. Participants included representatives from various DHS divisions as well as the case coordinator for Value Options, the Director of the Adolescent Unit at the Arkansas State Hospital, the DHS Transition Services Manager, a representive from Behavioral Health/Medicaid and the Developmental Disabilities Services Manager as well as DHS Legal Counsel and the Juvenile Ombudsman.

Cooperation Agreement Provides a Framework for DYS/DCFS Cooperation

A formal agreement provides a framework for DYS/DCFS cooperation. The agreement contains detailed provisions and timeframes for the "sharing of complete and comprehensive information concerning juveniles concurrently served by both agencies…" This includes provisions that:

- An initial multidisciplinary staff review shall be held within 21 days of the youth commitment to a DYS institution and a comprehensive treatment staffing shall be held within 60 days of the juvenile's commitment;
- Throughout a youth's institutional commitment, the DYS facility will provide the DCFS caseworker monthly progress reports and will provide notice to all identified stakeholders of any monthly or special staff reviews;
- A separate visitation log will be maintained at each DYS residential facility, which DCFS employees will sign when visiting a juvenile in DYS custody. This log will serve as verification that DCFS family service workers are meeting juveniles assigned to their care on a monthly basis;
- Joint discharge planning will begin not less than 90 days prior to the targeted discharge date and follow-up staffings will occur on a monthly basis leading up to the targeted discharge date.

Perhaps, most notably, DCFS will not pursue closure of a juvenile's dependency/neglect or family in need of services (FINS) case during the term of a juvenile's DYS commitment. The agreement also spells out specific procedures in cases in which a parent is unable or unwilling to allow the youth back into the family home that are consistent with state statutes highlighted earlier. Finally, the formal agreement also provides detail on the responsibilities of each division to provide specific services.

Aftercare/Community Transition Supervision Consistently Provided

With few exceptions, all youth discharged from DYS custody are provided a minimum of six months of supervision. Depending on the detail provided in the commitment order by the court, this supervision is provided by DYS parole officers or by local juvenile probation staff.

The aforementioned Cooperation Agreement also provides that if a youth upon DYS discharge is placed in foster care, "DYS will remain involved to provide appropriate aftercare services consistent with its contracted aftercare services."

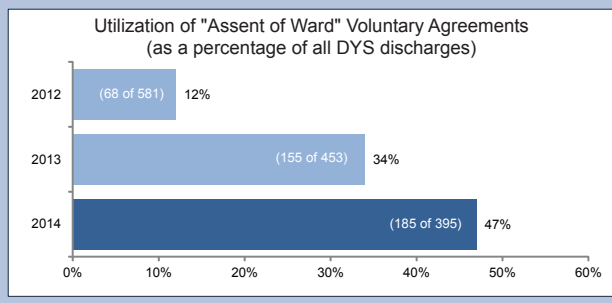
This is concurrent to DCFS providing the "juvenile with the contracted services that are provided children in foster care, such as placement services, medical treatment, mental health treatment, etc."

Consistent with Arkansas statutes that permit dual system youth 18 years of age and older to request independent living/transitional support services, procedures have been set in place and formalized in the Cooperation Agreement that detail the circumstances under which these services are provided by DCFS through their Independent Living Services or, in the alternative, by DYS through its own Independent Living Program.

Voluntary Transition Services Offered in Massachusetts to Older Youth Discharged from Department of Youth Services Custody (Assent of Ward)

Beginning in September 2013, the Massachusetts Department of Youth Services (DYS) started offering voluntary community support services to every youth discharging from DYS custody. These "Assent of Ward" voluntary agreements are typically used to facilitate services such as housing, continued education, treatment and/or job training.

An administrative meeting is routinely held before a youth is 18 to discuss the scope of services appropriate through this voluntary agreement. The agreement, approved by the DYS administration, is



initially set for a three month period but can be renewed in 3-month increments as long as the youth continues to abide by the conditions of the agreement (up to his/ her 21st birthday).

While "Assent of Ward" has been a DYS service option for a number of years, prior to September 2013 it was not offered uniformly or consistently to youth discharging from DYS custody. The use of voluntary agreements appears to be gaining in popularity and has increased almost three-fold since 2012.

More information: MA Department of Youth Services, Commissioner's Office. (http://www. mass.gov/eohhs/gov/departments/dys/).

Summary: Aftercare/Reintegration Planning and Community Support

The example set by Arkansas demonstrates how a rural state can begin coordinating information and services for dual-status youth by focusing on agency integration strengths. First, Arkansas presents an example of why state agency structure matters and can be applied as a strength for coordinating information services for state-level solutions. The child welfare agency, state behavioral health support services and the state juvenile corrections agency are all organized under the same broad human services umbrella agency. Eight other states share a similar characteristic. Turf challenges were evident during the site case study visit.

Yet meetings with the inter-divisional staffing teams resembled the meetings of a large fairly close knit family working on specific solutions to keep youth on track and transition them into their adult lives. The immersion in issues was clear among stakeholders as was a hunger to expand and reach more youth and bring similar approaches into local systems of care operated by the courts and probation.

The Arkansas story is further supported with assertive legislation and administrative policy requiring ongoing coordination (rather than a closed-door policy) and by creating a single, full-time champion of coordination advocacy in the form of the Juvenile Ombudsman position. Finally, it is an important example of how a state can get started by focusing on a specific aspect of the system where dual-status youth are most visible and the cost of failure to cooperate is high as youth transition out of the juvenile justice and child-caring systems into adult lives.

CONCLUSIONS

Douglas Thomas

The basic question addressed in this paper is how can jurisdictions best address the needs of youth and families that find themselves involved in both the dependency and delinquency systems. Clearly with 50 states and the District of Columbia, more than 3,000 counties, and several far flung Territories, there can be no single answer to that question. NCJJ has documented variation in state-level responses to dual-status youth at the national level (Fromknecht, 2014). In this paper we have taken a closer look at three specific decision points—the front end, case supervision and management, and post-residential aftercare—in three disparate locations.

Obviously, our observations and descriptions are not representative of all jurisdictions. This was not our objective. Rather, we set out to explore and document how different jurisdictions responded to dually involved youth at ground zero, the point where children, families, judges, probation officers, case workers, and local service providers intersect. We expected to find some notable differences, but hoped to find notable and useful similarities as well.

In San Diego, California we focused on front-end screening and identification and documented a timely and comprehensive process that relies on collaboration, cooperative information sharing, and well-designed procedures for applying case-level data to effective decisions regarding developing appropriate service plans. In Lehigh County, Pennsylvania, we focused on what happens after dually involved youth and families are identified and assessed and documented a quasi-formal and highly collaborative approach to identifying needs, sharing resources, and providing a coordinated response to these high risk youth. In Arkansas, we focused on a state-wide system that has embraced the challenge of meeting the needs of dual system youth transitioning from juvenile correctional placements to the community and found a state-driven process that relied on an Ombudsman who has responsibility for assuring cross-system communication, case coordination, and community transition advocacy.

While these three vignettes may seem unconnected and disparate—save for the target population—several common characteristics bind them together and are likely to be common to all jurisdictions at all critical decision points. First, all three sites clearly understand the risks to dually involved youth and the fact that they require added and collaborative attention. Second, all three sites had a vision and a plan for addressing dually involved youth that was strongly aligned with the strengths and limitations of their jurisdictions. Third, each site employed existing legislation, regulations, or policies that provided authority to act and established parameters for action. In some cases, when authority for action was not explicit, they entered into formal, collaborative agreements (e.g., MOU's). Fourth, each jurisdiction had strong leaders capable and willing to press their courts, agencies, and staff to action. Fifth, each site exhibited a history of collaboration across agencies and individuals or a strong commitment to create a culture of collaboration. Sixth, all of the jurisdictions were committed to sharing information across agencies and between staff. Seventh, the jurisdictions established open and collaborative lines of communication and feedback.

It is important to note, that the three jurisdictions described in this paper recognized, on their own, that dual-status youth exist in their communities and understand that these youth are complex, at-risk, and vulnerable. They all determined to address the issue mostly on their own and with little outside pressure, resources, or guidance. While they all took different routes, they managed to find solutions to one or more of the vexing issues related to addressing the needs of dual system youth. We have endeavored to highlight both the common and the site-specific approaches taken by these three different jurisdictions. By doing so, we hope to inspire, encourage, and empower other jurisdictions to actively and thoughtfully develop solutions to dually-involved youth that reflect the characteristics of their communities, agencies, dually-involved youth and families. We also encourage all jurisdictions to take advantage of the quarter century worth of research, evaluation, program development, and resources conducted and developed since the beginning of the modern era of addressing this issue. To that end, we suggest the following resources:

1. National Center for Juvenile Justice (www.ncjj.org);
2. National Council of Juvenile and Family Court Judges (www.ncjfcj.org);
3. Office of Juvenile Justice and Delinquency Prevention (www.OJJDP.gov);
4. Georgetown University, Center for Juvenile Justice Reform (http://cjjr.georgetown.edu);
5. Robert F. Kennedy Children's Action Corps (www.rfkchildren.org); and
6. Robert F. Kennedy National Resource Center for Juvenile Justice (www.rfknrcjj.org).

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Explore state profiles at JJGPS.org

The JJGPS website is designed to increase clarity on critical issues and encourage reform. It is a project of the National Center for Juvenile Justice (NCJJ) funded through the John D. and Catherine T. MacArthur Foundation's Models for Change Initiative.

Website visitors can contrast and compare what states are doing to coordinate information and casemanagement on behalf of youth with dual status in the child welfare and delinquency systems.

The website additionally profiles state policy, practice and statistics concerning age boundaries and transfer to criminal court, juvenile indigent defense, and juvenile justice services. New releases in the spring/summer of 2015 will address status offenses and racial and ethnic disparities in juvenile justice.

Arizona's Health Information Exchange:

Supporting electronic data exchange of clinical information throughout Arizona to improve care

Melissa A. Kotrys, MPH
Chief Executive Officer

March 2017

Crossover Youth Data & Information Sharing Task Force

- Identify data & information required to be shared among & between agencies that allows improved collaborative approach to managing crossover youth cases
- Determine what information currently can be shared pursuant to state and federal laws and regulations
- Identify barriers to sharing data and information
- Make recommendations on how data and information sharing barriers can be resolved or mitigated.

Arizona Health-e Connection
The Network

AzHeC Celebrates 10 Years!

2005	Governor's Executive Order
2006	Arizona Health-e Connection Roadmap published
2007	Arizona Health-e Connection (AzHeC) founded
2010	Regional Extension Center (REC) grant awarded
2011 & 2012	HIT and HIE legislation passed
2013 - 2014	Merged statewide HIE into AzHeC
2014	Arizona's Health IT Roadmap 2.0 published
2015	Transforming Clinical Practice Initiative (TCPi) grant awarded to AzHeC (in collab with Mercy Care)
2016	AzHeC initiates integrated physical & behavioral HIE strategy
2017	10 year anniversary & launch of new strategic business plan

Arizona Health-e Connection
The Network

10+ Years of HIE Progression in Arizona

2007 – 2010
Two regional HIEs developed – S. Az HIE (SAHIE) and Az Medical Info Exchange (AMIE)

2010 -2014
Two regional HIEs (AMIE & SAHIE) merged to form statewide HIE – Health Info Network of Az (HINAz)

2014 – 2015
Arizona Health-e Connection (AzHeC) and HINAz formally affiliate and operate as single entity

2016 & Beyond
AzHeC & HINAz formally merge; AzHeC to handle all community-wide HIT and HIE activity

Arizona Health-e Connection
The Network

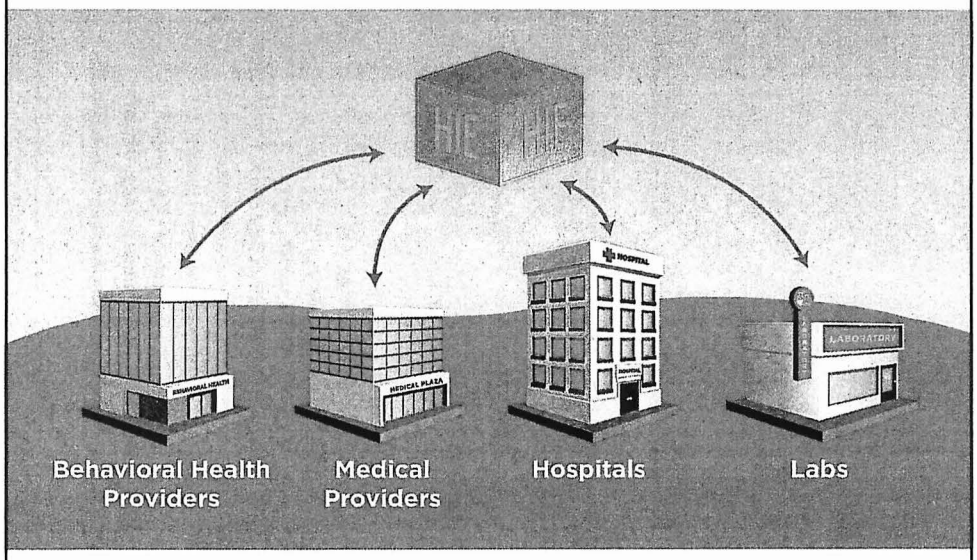
Accomplishments to Date

- Stable financials and sustainable technology platform
- Groundswell of interest – 275+ Participants
- 90% of hospital admissions (soon 94%)
- 6.9M patients with clinical data
- 100,000+ alerts & notifications monthly
- Integrating physical & behavioral health info statewide
- Successful grant programs – REC and Practice Innovation Institute
- Interstate connectivity – Patient Centered Data Home

5

Arizona Health-e Connection
The Network

Health Information Exchange



Arizona Health-e Connection
The Network

Network Participants
(as of February 24, 2017)

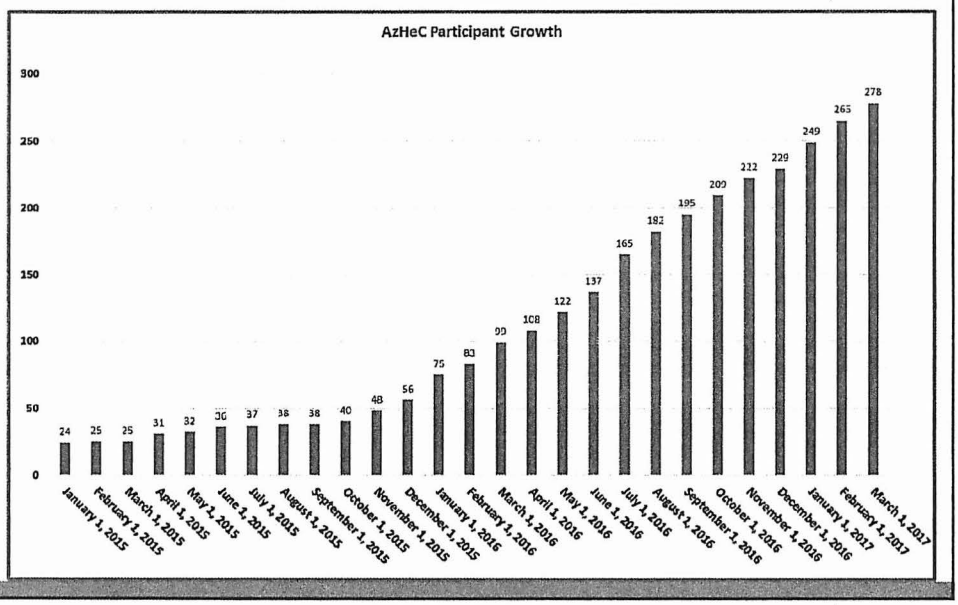
- Current participants include 278 entities:
  - 69 Behavioral Health Organizations
  - 101 Community Provider Organizations
  - 23 Hospitals & Health Systems **(94% of inpatient discharges)**
  - 21 FQHCs & Community Health Centers
  - 13 Health Plans
  - 19 Long-Term & Post-Acute Care Organizations
  - 16 State & Local Government Organizations
  - 12 Accountable Care Organizations
  - 3 Health Information Exchanges
  - 2 Reference Labs & Imaging Centers

Hospitals, FQHCs and RHCs participating in the Medicaid EHR Incentive Program with AHCCCS (Arizona Medicaid) are eligible to receive financial incentives for HIE participation.

Note: A Network "Participant" is an organization that has signed a Network Participation Agreement. These organizations are either already connected to The Network or in the process of connecting.

Arizona Health-e Connection

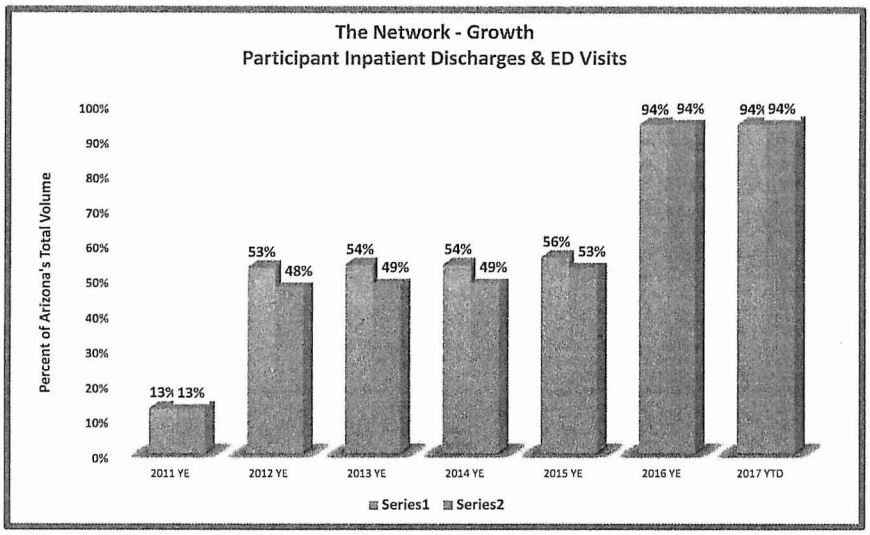
Participant Growth
As of March 1, 2017



Arizona Health-e Connection
The Network

The Network – Growth

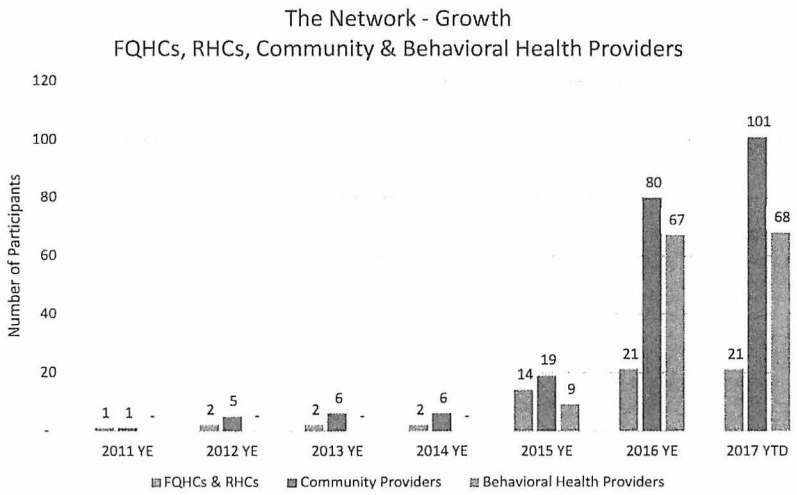
Participant Inpatient Discharges & ED Visits



Arizona Health-e Connection
The Network

The Network – Growth

FQHCs, RHCs, Community & Behavioral Health Providers



Arizona Health-e Connection
The Network

Network Services

- **Bidirectional Information Exchange**
  - Push/pull or query/response functionality
- **Provider Portal/Payer Portal**
  - Download and single-sign-on EHR integration capabilities
- **Alerts & Notifications**
  - Delivery of ADT Alerts and Clinical Results Notifications in both human and machine readable formats
- **Direct Secure Email**
  - Secure email for clinical information exchange; DirectTrust certified and HIPAA compliant
- **Public Health Reporting**
  - ADHS connections for immunization registry, electronic lab reporting, syndromic surveillance and disease registries *(coming soon)*
- **eHealth Exchange**
  - Supports exchange with VA, SSA, DOD, out-of-state HIEs, and IHS later this year

11

Arizona Health-e Connection
The Network

Network Participants

Data Providers & Data Types

https://azhec.org/the-network/the-network-participants/data-providers-data-types/

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Data Providers & Data Types ...

Arizona Health-e Connection

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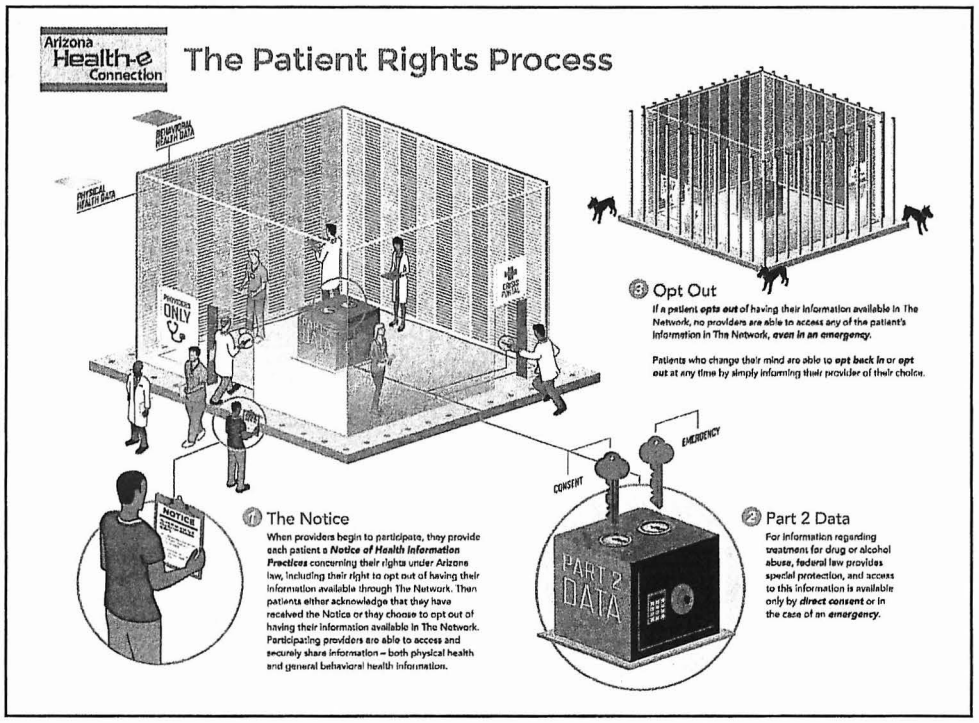
Data Providers &

The Network Participants | Data Providers & Data Types
Benefits & Services
Patient Rights
Network Leadership Council
The Network HIE Subsidy Program

Home » The Network » The Network Participants » Data Prov

The table below represents health information exchange (HIE) Participants who are providing data through their electronic health records (EHR) systems to Arizona Health-e Connection.

Data Providers	ADT*	Lab Results	Rad Results	Clinical Documents	Clinical CCD**
Hospitals & Health Systems					
Abrazo Community Health Network	Yes				
Banner Health	Yes	Yes	Yes	Yes	Yes
Banner Health University Campus - Tucson	Yes				
Carondelet Health Network	Yes	Yes	Yes	Yes	



Arizona Health-e Connection
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Statewide HIE Integration Plan (SHIP) 2016 – 2018

- Accelerated connectivity of integrated HIE strategy supported by all 3 RBHAs
  - Mercy Maricopa
  - Cenpatico Integrated Care
  - Health Choice Integrated Care
- Two year plan to connect 100 high priority behavioral health providers by summer 2018
- Connecting top 100 BH providers statewide via bidirectional connections
  - Behavioral health providers
  - Behavioral health hospitals
- Statewide crisis portal

14

Arizona Health-e Connection
The Network

Corrections & Probation HIE Use Cases

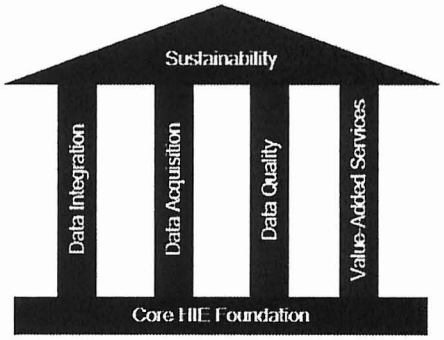
- County corrections participating:
  - Maricopa County
  - Pima County
  - Yuma County
  - Yavapai County
- Use cases for care coordination support by probation
  - Supporting transitions of care to reduce recidivism
  - Utilizing HIPAA authorization forms
  - HIE "Permitted Use" definition

15

Arizona Health-e Connection
The Network

Closing Remarks

Active Participation
+
Strategic Partnerships
+
Value-added Services
+
Data Integrity
=
Sustainability & Value



16

Contact Information

Arizona Health-e Connection

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Follow Us:

17

Arizona Health-e Connection
The Network

Who is The Network?

284 participants and growing

The Network, operated by Arizona Health-e Connection (AzHeC), serves as a community data trustee and a network of networks that allows participants to save time and resources and create a more comprehensive patient record providing the right information at the right time and place.

"" Denotes sending data to The Network*

Behavioral Health Providers (69)

A New Leaf
Arizona's Children Association
Arizona Counseling & Treatment Services*
Arizona Youth & Family Services, Inc.
Assurance Assertive Community Treatment, Inc.
Assurance Health & Wellness
Bayless Healthcare Group
Casa De Los Ninos
ChangePoint Integrated Health
Chicanos Por La Causa
Child & Family Support Services
CODAC Health Recovery Wellness, Inc.
Community Bridges, Inc.
Community Health Associates
Community Medical Services
Community Partnership Care Coordination
Community Provider of Enrichment Services, Inc.
ConnectionsAZ
Cope Community Services
Corazon Integrated Healthcare Services
Crisis Preparation & Recovery
Crisis Response Network
Crossroads Mission
Devereux Advanced Behavioral Health Arizona
Easter Seals Blake Foundation
Ebony House, Inc.
Encompass Health Services
Family Involvement Center
Family Service Agency
Helping Associates, Inc.
Hope Incorporated
Human Services Consultants
Intermountain Center for Human Development
Jewish Family & Children's Services
La Frontera Center, Inc.
La Frontera – Empact
LifeShare Management Group
Lifewell Behavioral Wellness
Little Colorado Behavioral Health Centers
Marc Community Resources
Mentally Ill Kids in Distress
Mohave Mental Health Clinics, Inc.
Native American Connections
NAZCARE, Inc.
New Hope of Arizona
NurseWise
Old Pueblo Community Services
Open Hearts Arizona
Partners in Recovery
Pathways of Arizona, Inc.
Pinal Hispanic Council
PSA Behavioral Health Agency
Recovery Innovations
Rio Salado Behavioral Health Services
San Tan Behavioral Health Services
S.E.E.K. Arizona
Sojourner Center
Southeastern Arizona Behavioral Health Services
Southwest Behavioral & Health Services
Southwest Network
Spectrum Healthcare Group, Inc.
The Crossroads, Inc.
The Guidance Center
The Phoenix Shanti Group
Touchstone Behavioral Health
Wellness Connections
West Yavapai Guidance Clinic, Inc.
Youth Advocate Programs, Inc.
Zarephath

Arizona Health-e Connection
The Network

Who is The Network?

284 participants and growing

Community Providers (104)

56th Medical Group, Luke Air Force Base
Abrazo Heart Institute
Abrazo Medical Group
Ahwatukee Pediatrics
All About Kids Pediatrics
All Family Care
Angela Wyatt Dermatology
Arizona Center for Cancer Care
Arizona Center for Hand Surgery
Arizona Community Physicians
Arizona Independent Medical Associates
Arizona Family Care
Arizona Kidney Disease & Hypertension Centers
Arizona Medical & Injury
Arizona Oncology
Arizona Pain Institute
Arizona Pain Specialists
Arizona Procedural Center
Arizona Women's Specialist
ASAP Health Solutions
Assurance Assertive Community Treatment, Inc.
Barnet Dulaney Perkins Eye Center
Bart J. Carter, MD
Beech Medical Group, Inc.
Catalina Pointe Arthritis & Rheumatology Specialists, P.C.
Central Phoenix Family Medicine
Children's Rehabilitative Services – Tucson*
Children's Medical Center
CHIROFIT
Christopher Moor, MD
Choice Medical Walk-In
Cigna Medical Group
Colorado River Pediatrics
Corizon Health
Cottonwood Medical Center, Inc.
Deseret Family Medicine
Desert Kidney Associates, PLC
Desert Spine Institute
District Medical Group*
Doc2U
Donor Network of Arizona
Dorothy L. Wong Medical Offices
East Flagstaff Family Medicine
East Valley Access Centers, LLC
Enticare
Flagstaff Family Care Clinic
Flagstaff Medical Associates
Geriatric Solutions
Gila Health Resources
Gila Valley Clinic
Hatfield Medical Group
Healthy Outlook Family Medicine, PC
Heart and Vascular Center of Arizona
Homewood Family Physicians
Joel S. Sellers, DO, PLLC
Karen A. Watts, NP, PLLC
MD 24 House Call, Inc.
Med-Cure Internal Medicine
Mercy Grace Private Practice
MomDoc
Mountain View Pediatrics
MyDrNow
Neuromuscular Research Center
New Era Family Practice
New Pueblo Medicine
Northwest NeuroSpecialists
Options Medical
OptumCare AZ Complex Care Management
OptumCare Medical Group
Page Family Practice
Pain Management & Rehab Medical Center
Palo Verde Family Care
Phoenix Medical Group
Pima Heart
Pima Lung & Sleep Center
Pinnacle Care Internal Medicine
Plaza Healthcare
Providers-Direct, PLLC
Pynch Medical
Queen Creek Primary Care
Rehab Arizona
Renaissance Medical Group
Robert Bloomberg, MD
Saguaro Surgical
San Pedro Family Care
Santé Partners, LLC
Scottsdale Family Urgent Care
Scottsdale Physicians Group
Sonoran Medical Centers
Sound Physicians
Southern Arizona Infectious Disease Specialists
Southwest Kidney Institute, PLC
Thunderbird Internal Medicine
True Care, MD
Tucson Pulmonology, PC
Universal Care Management
University of Arizona College of Medicine
Valley Anesthesiology & Pain Consultants
Velda Rose Medical Center
Virginia G. Piper St. Vincent DePaul Clinics
West Valley Pediatrics
Winslow Indian Health Care Center
Yuma Gastroenterology
Yuma Nephrology, PC

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Hospitals & Health Systems (23)

Abrazo Community Health Network*
Banner Health*
Benson Hospital*
Carondelet Health Network*
Cobre Valley Regional Medical Center*
Copper Queen Community Hospital*
Dignity Health*
Hacienda Healthcare
HonorHealth*
IASIS Healthcare, LLC*
Kingman Regional Medical Center*
La Paz Regional Hospital*
Little Colorado Medical Center*
Maricopa Integrated Health System*
Mount Graham Regional Medical Center*
Northern Arizona Healthcare*
Northwest Medical Center & Oro Valley Hospital*
Phoenix Children's Hospital*
Summit Healthcare Regional Medical Center*
TMC HealthCare*
Wickenburg Community Hospital*
Yavapai Regional Medical Center*
Yuma Regional Medical Center*

Accountable Care Organizations (12)

Arizona Care Network
Arizona Connected Care
Arizona Priority Care
Commonwealth Primary Care ACO
Equality Health
Innovation Care Partners (formerly SHP)
Lifeprint Accountable Care Organization
Nobility Health
Northeast Arizona Regional Care Team (NEAR)
Optum Medical Network
Phoenix-Tucson Integrated Kidney Care, LLC
Yavapai Accountable Care, LLC

Health Plans (13)

Arizona Health Care Cost Containment System
Bridgeway Healthcare Solutions
Care1st Health Plan Arizona
Cenpatico Integrated Care
Health Choice Arizona
Health Choice Integrated Care
HealthNet
Maricopa Health Plan
Mercy Care Plan
Mercy Maricopa Integrated Care
Phoenix Health Plan
UnitedHealthcare
University of Arizona Health Plans

FQHCs & Community Health Centers (21)

Adelante Healthcare, Inc.
Canyonlands Community Health Center
Chiricahua Community Health Center
Circle the City
Desert Senita Community Health Center*
El Rio Community Health Center*
Horizon Health and Wellness
Marana Health Center*
Mariposa Community Health Center*
Mountain Park Health Center
Native Health
Neighborhood Outreach Access to Health (N.O.A.H.)
North Country HealthCare
San Luis Walk-In Clinic/Regional Center for Border Health
St. Elizabeth's Health Center, Inc.
Sun Life Family Health Center
Sunset Community Health Center*
Terros Health
United Community Health Center
Valle del Sol
Wesley Community Health Center

Arizona Health-e Connection
The Network

Who is The Network?

284 participants and growing

Long-Term & Post-Acute Care (21)

Arizona Palliative Home Care
BAYADA Home Healthcare, Inc.
Beatitudes Campus
Christian Care
CopperSands, Inc.
Devon Gables Rehabilitation Center
Foundation for Senior Living
Helping Hearts Residential Facilities
Home Health Insights, Inc.
Hospice of the Valley
Intrepid USA
Kindred Healthcare
Nightingale Homecare
River Gardens, Ltd.
The Gardens Rehab & Care Center
The Legacy Rehab & Care Center
The Lingenfelter Center, Ltd.
Victory Home Care Agency
ViewPoint Paseo Village
ViewPoint Sunshine Village
Villa Maria Care Center

State & Local Government (16)

Arizona Department of Health Services
Arizona Health Care Cost Containment System
Chandler Fire, Health & Medical
City of Avondale
City of Buckeye
City of Goodyear
City of Peoria
City of Surprise Fire-Medical
Maricopa County
Pima County Health Department
Rio Rico Medical & Fire District
Sonoita-Elgin Fire District
Sun City Fire District
Tempe Fire Medical Rescue Department
Yavapai County
Yuma County Jail District

Reference Labs & Imaging Centers (2)

LabCorp
Sonora Quest Laboratories*

Health Information Exchange (3)

Quality Health Network (QHN) Western Colorado*
UnityPoint (Private HIE via DURSA)
Utah Health Information Network (UHIN)*